

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		9/4/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	L.I	1106	10/4/01
RESPONSE FORMALITY REVIEW	BZ	377	01-15-02
	MA	830	02-21-02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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92	N		
93	N		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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886/09/01  
10/01  
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